

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

FORM

DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-3701

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Beth Wessel-Knoeschell

Political Party (if applicable)

Democrat

Office Sought

Representative-IA. House

District (if Senate or House)

45

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Jeff D. Benn
 SIGNATURE OF PERSON FILING REPORT

515-292-3018
 TELEPHONE

October 13, 2010
 DATE SIGNED

I AM FILING A October 19, 2010
 (report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 11,434.55

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

9,582.66

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 21,317.21

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

16,774.96

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 4,542.25

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ _____

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ _____

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ _____

CONSULTANT BREAKDOWN (Schedule G Attached?)

____ YES ____ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend-Knoeschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7-24-10	ID# CK#	T.E. McELHERNE 3920 Fletcher Blvd Ames, IA 50010	<i>W</i>	\$ 30	<input checked="" type="checkbox"/>
7-20-10	ID# CK#	Roger Jacobson 2435 Aspen Rd. Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	Linda R. Galyon 111 Lynn, Apt. 306 Ames, IA 50014		50	<input checked="" type="checkbox"/>
7-10-10	ID# CK#	Teresa Rosenberg 811 Ridgewood Ave Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	BARBARA Peterson 905 ARIZONA Ave Ames, IA 50014		10	<input checked="" type="checkbox"/>
7-27-10	ID# CK#	MARY Jo BREARLEY 1801 20th ST, J-34 Ames, IA 50010		25	<input checked="" type="checkbox"/>
7-23-10	ID# CK#	JEAN ANN BASINGER 1335 48th ST. Des Moines, IA 50311		50	<input type="checkbox"/>
7-25-10	ID# 6060 CK# 2694	IOWA Committee on Political Educ., AFL-CIO 2000 WALKER, Suite A. Des Moines, IA 50317		200	<input type="checkbox"/>
7-18-10	ID# CK#	MACK Shelley 3454 Southdale DR. Ames, IA 50010		48	<input type="checkbox"/>
7-18-10	ID# CK#	Andrew Ryder 149 University Village, Apt. C Ames, IA 50010		24	<input type="checkbox"/>
SUB-TOTAL				\$ 537	
TOTAL (if last page of this schedule)				\$	

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Page 1 of 11
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend - Krieschell

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8-28-10	ID# CK#	CAL + JANE HALLIBURTON 1128 Roosevelt Ave Ames IA 50010		\$ 20	<input type="checkbox"/>
8-28-10	ID# CK#	Tom Beell 1217 Roosevelt Ave Ames, IA 50010		10	<input type="checkbox"/>
8-28-10	ID# CK#	Jim + Cynthia GAUNT 3423 Clinton Ct. Ames IA		10	<input type="checkbox"/>
"	ID# CK#	Peggy Mook 1222 Ridgewood Ames IA		50	<input type="checkbox"/>
"	ID# CK#	LARRY Ebberts 220 - 24th ST. Ames IA 50010		25	<input type="checkbox"/>
"	ID# CK#	MARGARET EISEN MYERS 815 CRYSTAL ST. Ames, IA 50010		25	<input type="checkbox"/>
"	ID# CK#	MARGARET L. BAUX 2118 BARR DR. Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	TANYA ZANISH-BELCHER 2416 Roxboro Dr. Ames IA 50010		25	<input type="checkbox"/>
"	ID# CK#	Phillip A O'BERRY 1612 Woodhaven Cr. Ames IA 50010		10	<input type="checkbox"/>
"	ID# CK#	Phyllis Peters 210 S. Kellogg Ames, IA 50010		30	<input type="checkbox"/>
SUB-TOTAL				\$ 230	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 11
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendell-Kroenke

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7-28-10	ID# 6004 CK# 4992	Assoc. Gen. Contractors of IA PAC 701 E. COURT Ave Des Moines, IA 50309		\$ 1500	<input type="checkbox"/>
"	ID# CK#	Teri C. Veysey 919 MURRAY DR. Ames, IA 50010		25	<input type="checkbox"/>
"	ID# CK#	Thomas A. Corrieri 2804 Aspen Rd. Ames, IA 50010		10	<input type="checkbox"/>
"	ID# CK#	The GlaxoSmith Kline PAC Five Moore Dr. Research Triangle Park, NC 27709		250	<input type="checkbox"/>
"	ID# CK#	Suzanne Zilber 801 CRYSTAL ST. Ames, IA 50010		100	<input type="checkbox"/>
"	ID# CK#	ANNE MANAHL 1011 FLORIDA Ames, IA 50014		10	<input type="checkbox"/>
"	ID# CK#	CHRISTIANNA I White 1421 CARROLL Ave Ames IA 50010		25	<input type="checkbox"/>
"	ID# CK#	Catherine Simpkins 1401 Kentucky Ave Ames IA 50014		10	<input type="checkbox"/>
7-8-10	ID# CK#	Jeannette U. JOHANNSEN 4708 Hemingway Ames, IA 50014		20	<input type="checkbox"/>
9-2-10	ID# CK#	B. JOAN White 621 main ST Ames, IA 50010		10	<input type="checkbox"/>
SUB-TOTAL				\$ 1960	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 11
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wenzel Krieschell

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9-16-10	ID# CK#	MARION R.S. LORR 233 Hill Top Ames, IA 50014		\$ 25	<input type="checkbox"/>
9-21-10	ID# CK#	JACK H. LUTZ 2500 WORLE LANE Ames, IA 50014		50	<input type="checkbox"/>
9-22-10	ID# CK#	HENRY GRAY 1416 MAXWELL Ames IA 50010		25	<input checked="" type="checkbox"/>
9-22-10	ID# CK#	Dale H. Ross 909 Hunziker Dr. Ames, IA 50010		10	<input type="checkbox"/>
9-23-10	ID# CK#	CAROL A. ELBERT 1528 MEADOWLANE AVE Ames, IA 50010		20	<input checked="" type="checkbox"/>
9-23-10	ID# CK#	Deborah Fink 222 S. Russell Ave Ames, IA 50010		50	<input checked="" type="checkbox"/>
9-4-10	ID# CK#	CHARLES W. ISENHART P.O. Box 3353 Dubuque, IA 52004		50	<input type="checkbox"/>
9-3-10	ID# CK#	VICTORIA B. SZOPINSKI 3710 ROSS RD. Ames, IA 50014		35	<input type="checkbox"/>
9-10-10	ID# 6073 CK# 1707	IOWA MEDICAL PAC 1001 GRAND AVE WEST DES MOINES, IA 50265		100	<input type="checkbox"/>
8-24-10	ID# CK#	Linda Trudeau 2328 BRISTOL DR. Ames IA 50010		48	<input type="checkbox"/>
SUB-TOTAL				\$ 413	
TOTAL (if last page of this schedule)				\$	

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Page 4 of 11
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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Citizens for Weber-Knirschell

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8-29-10	ID# CK#	Charles Bruner 114E OKLAHOMA DR. Ames, IA 50014		\$ 24.03	<input type="checkbox"/>
8-11-10	ID# 6021 CK# 2572	CREDIT UNION PAC P.O. Box 10409 Des Moines, IA 50306		1500	<input type="checkbox"/>
8-30-10	ID# 6067 CK# 5136	Iowa Health PAC 1775 90TH ST. West Des Moines, IA 50266		250	<input type="checkbox"/>
9-4-10	ID# CK#	Susan E. Judkins Josten 14067 S. Shore DR. Clive, IA 50325		50	<input type="checkbox"/>
9-9-10	ID# CK#	Barbara Lee Boatwright 2331 EAST 39TH CT Des Moines, IA 50317		50	<input type="checkbox"/>
9-1-10	ID# 6484 CK# 1141	IA Society of Anesthesiologists PAC 525 SW 5TH ST., STE A Des Moines, IA 50309		250	<input type="checkbox"/>
8-27-10	ID# 6070 CK# 4015	IOWA LAW PAC 625 EAST COURT Ave Des Moines, IA 50309		200	<input type="checkbox"/>
9-17-10	ID# CK#	Edna M. Suec 2200 HAMILTON DR, UNIT 808 Ames, IA 50014		25	<input checked="" type="checkbox"/>
9-21-10	ID# CK#	Marsha Readhead 1200 Ridgewood Ave Ames, 50010		35	<input checked="" type="checkbox"/>
9-22-10	ID# CK#	Linda Ambrosio 1510 Little Bluestem CT Ames, IA 50014		25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2404.03	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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Citizens for Wessel-Knoechel

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9-23-10	ID# CK#	Audrey Lynn Pawcett 1801 20th ST, Apt. B-24 Ames IA 50010		\$ 30	<input checked="" type="checkbox"/>
9-24-10	ID# CK#	KATHRYN E. Eschbach 727 Ridgewood Ames IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	LYNN VAN VALIN 301 Westbrook LN Ames IA 50014		20	<input checked="" type="checkbox"/>
"	ID# CK#	C. Lynne Bishop 2609 Eisenhower Ave Ames, IA 50010		25	<input checked="" type="checkbox"/>
9-26-10	ID# CK#	IRENE BEAVERS 2200 HAMILTON DR, Apt. 208 Ames, IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	HANNA K. GRADWOHL 2003 Ashmore DR. Ames, IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	CARL L. TIPTON 415 BRIARWOOD PL Ames, IA 50014		25	<input checked="" type="checkbox"/>
9-28-10	ID# CK#	DEAN PRESTEMON 4606 Dover DR. Ames IA 50014		20	<input checked="" type="checkbox"/>
9-29-10	ID# CK#	DILYS MORRIS 535 Forest Glen ST. Ames, IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	John Pohlman 3229 Red Fox Rd. Ames IA 50014		75	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 345	
TOTAL (if last page of this schedule)				\$	

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Page ~~6~~ 11 of 11
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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Citizens for Wend - Krosschell

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9-28-10	ID# CK#	Yalem Teshome 325 PEARSON Ave Ames, IA 50014		\$ 30	<input checked="" type="checkbox"/>
"	ID# CK#	Lowell F. GREIMANN 1518 13th ST Ames, IA 50010		25	<input checked="" type="checkbox"/>
10-1-10	ID# CK#	Jon Fleming 401 PEARSON Ames, IA 50014		150	<input checked="" type="checkbox"/>
10-1-10	ID# 6019 CK# 0675	CWA LOCAL 7102 - PAC 3612 S.W. 7th ST. Des Moines, IA 50315		100	<input type="checkbox"/>
"	ID# CK#	Louis Lex 711 Jewel Dr. Ames, IA 50010		25	<input type="checkbox"/>
"	ID# CK#	Robert Kenksieck 621 GARDEN Rd. Ames, IA 50010		50	<input type="checkbox"/>
"	ID# 6334 CK# 1303	Plumbers & Steamfitters, Local 33 PAC 2501 Bell Ave Des Moines, IA 50321		200	<input type="checkbox"/>
"	ID# 6080 CK# 1144	IA Political Action for Candidate Election PAC 4211 Grand Ave, Des Moines, IA 50312		300	<input type="checkbox"/>
"	ID# 6101 CK# 3635	Truck PAC Iowa P.O. Box 6121 Des Moines, IA 50309		250	<input type="checkbox"/>
"	ID# CK#	James A. GAUNT 3423 CLINTON CT. Ames, IA 50010		75	<input type="checkbox"/>
SUB-TOTAL				\$ 1205	
TOTAL (if last page of this schedule)				\$	

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Page 78 of 11
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendell Rosschell

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10-1-10	ID# 9716 CK#	IBEW Local 347, PAC Fund 850-18th ST. Des Moines, IA 50314		\$ 250	<input type="checkbox"/>
10-1-10	ID# CK#	Deborah Z. Gitchell 2513 Northwood DR. Ames, IA 50010		50	<input checked="" type="checkbox"/>
10-2-10	ID# CK#	Sharon L. Colletti 522 Ash Ames IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	Teresa McLaughlin 1104 ARIZONA Ave Ames, IA 50014		50	<input type="checkbox"/>
10-4-10	ID# CK#	James Thomas Emerson 630 Ridgewood Ave Ames, IA 50010		20	<input checked="" type="checkbox"/>
"	ID# CK#	Robert R. Bataille 2312 Storm ST Ames, IA 50014		25	<input checked="" type="checkbox"/>
10-8-10	ID# CK#	Jandra Kay McIntimsey 2236 Storm ST. Ames, IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	Paul Lundy 4316 Phoenix ST Ames, IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	Klaus Ruedenberg 2834 Ross Rd Ames, IA 50014		200	<input checked="" type="checkbox"/>
"	ID# CK#	Jim Popken 920 Clark Ave Ames, IA 50010		57 ⁶³	<input type="checkbox"/>
SUB-TOTAL				\$ 802 ⁶³	
TOTAL (if last page of this schedule)				\$	

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Page 8 of 11
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendt-Kroeschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
80-10-10	ID# 6282 CK# 1921	Hyvac Inc. Employees PAC 5820 Westown Pkwy West Des Moines, IA 50266		\$ 250	<input type="checkbox"/>
"	ID# CK#	MARION KRESSE 4931 Hemingway Ames, IA 50014		40	<input checked="" type="checkbox"/>
"	ID# 6017 CK# 3284	CENTRAL IA. Bldg + Construction Trades Council PAC P.O. Box 7310, Des Moines, IA 50309		250	<input type="checkbox"/>
"	ID# 6291 CK# 2870	IA. Hospital Assoc. PAC 100 E. Grand, Ste 100 Des Moines, IA 50309		500	<input type="checkbox"/>
"	ID# CK#	Kenneth J. Cameron 2707 Duff Ave Ames, IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	Amy Andreotti 321 Pearson Ave Ames, IA 50014		100	<input checked="" type="checkbox"/>
"	ID# CK#	CAROLYN D. Heising 111 Lynn Ave, Apt. 904 Ames, IA 50014		15	<input checked="" type="checkbox"/>
"	ID# CK#	BRENT Wynja 1012 Hunziker Dr. Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	Therese A. Murphy 155 North Grandview Ave Dubuque IA 52001		25	<input checked="" type="checkbox"/>
"	ID# CK#	Herbert A. HARMISON 2692 Meadow Glen Ames, IA 50014		25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1355	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 9 of 11
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendell K. Knoesschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-10-10	ID# CK#	JOAN Dubberke 1523 CARROLL Ave Ames, IA 50010		\$ 50	<input checked="" type="checkbox"/>
"	ID# CK#	MARY SUSAN HARTUNG P.O. Box 189 Ames, IA 50010		20	<input checked="" type="checkbox"/>
"	ID# CK#	Thomas A. Weber 430 LYNN Ave Ames, IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	MARY K. HOGAN 700 S. DAKOTA, #210 Ames, IA 50014		35	<input checked="" type="checkbox"/>
"	ID# CK#	PATRICIA A. MILLER 4024 ROSS RD Ames, IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	MARY E. RICHARDS 3217 WEST ST. Ames, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	ELIZABETH COLE BECK 1119 ORCHARD DR. Ames, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Johnie Hammond 2203 Northcrest Dr. Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	HERMAN C. QUIAMBACK 1002 JARRETT CR. Ames, IA 50014		20	<input checked="" type="checkbox"/>
"	ID# CK#	CAROLE HOROWITZ 2014 COUNTRY CLUB BLVD Ames, IA 50014		25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 325	
TOTAL (if last page of this schedule)				\$	

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Page 10 of 11
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend - Krosschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-10-10	ID# CK#	James H. Jorgensen 4207 Westbrook DR. Ames, IA 50014		\$ 10	<input checked="" type="checkbox"/>
"	ID# CK#	Teri C. Veysey 919 Murray DR. Ames, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Cheryl Lamgston 1710 Northwestern Ames, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Cash from pass-the-hat AT fundraiser		116	<input checked="" type="checkbox"/>
10-11-10	ID# 6046 CK# 4685	Justice For All PAC 218 6 th Ave, Ste 26 Des Moines, IA 50309		100	<input type="checkbox"/>
"	ID# CK#	Merlin Lee Pfannkuch 1424 Kellogg Ames, IA 50010		30	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 306

TOTAL (if last page of this schedule)

\$ 9882.66

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Page 11 of 11
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wenel-Kraeschell

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8-27-10	ID# CK# 4167	Images by NyAire 408 Kellogg Ave Ames, IA 50010	Artwork	\$556 ⁴⁰
9-03-10	ID# CK# 4168	House Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	Donation	3000-
9-9-10	ID# CK# 4169	Dos Rios 316 Court Ave Des Moines, IA 50309	Fundraiser Food	25
9-14-10	ID# CK# 4170	Staples 1333 Buckeye Rd Ames, IA 50010	Office Supplies	51 ⁶⁶
9-17-10	ID# CK# 4171	Nite Owl 118 Hayward Ames, IA 50014	Printing Invitations	101 ⁸⁶
9-18-10	ID# CK# 4172	Staples 1333 Buckeye Rd Ames, IA 50010	Office Supplies	37 ⁴²
9-20-10	ID# CK# 4173	Postmaster Ames, IA	Postage	1 5 86.00
9-20-10	ID# CK# 4174	Staples 1333 Buckeye Rd Ames, IA 50010	Mailing supplies	102 ¹⁵
SUB-TOTAL				\$5560.49
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Welch-Knoerschell

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-21-10	ID# CK# 4175	Postmaster Ames, IA	Postage	\$ 176 ⁻
9-23-10	ID# CK# 4176	Nite Owl 118 HAYWARD Ames, IA 50014	Printing postcards	348 ⁸²
9-23-10	ID# CK# 4177	Jeff's Pizza 2402 LINCOLNWAY Ames, IA 50014	Food for volunteers	75.84
9-25-10	ID# CK# 4178	Postmaster Ames, IA 50010	Postage	728 ⁰⁰
9-30-10	ID# CK# 4180 4179	Pizza Hut 620 Lincoln Way Ames, IA 50010	Food for Volunteers	99 ¹²
10-4-10	ID# CK# 4180	Nite Owl 118 HAYWARD Ames, IA 50014	Printing	348 ⁸²
10-5-10	ID# CK# 4181	Copyworks 105 Welch Ames, IA 50014	Printing	134 ⁰⁵
10-5-10	ID# CK# 4182	Postmaster Ames, IA 50010	Postage	840
SUB-TOTAL				\$ 2750.65
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendell-Kroeschell

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-6-10	ID# CK# 4184	Truman Fund 5661 Fleur Dr Des Moines, IA 50321	Donation	\$5000-
10-7-10	ID# CK# 4185	Ames Tribune 317 5th St Ames, IA 50010	Advertising	900
10-7-10	ID# CK# 4186	Toons P.O. Box 181 Kelly, IA	Advertising	790
10-7-10	ID# CK# 4187	The Sun 703 East Lincoln W. Ames, IA 50010	Advertising	725
10-7-10	ID# CK# 4188	Nite Owl 118 Hayward Ames, IA 50014	Printing	348 ⁰²
10-8-10	ID# CK# 4189	Postmaster Ames, IA	Postage	700
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$8463.82
TOTAL (if last page of this schedule) \$16774.96

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 3 of 3

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend - Knoeschell

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9-9-10	House TRUMAN Fund 5661 Fleur Dr Des Moines, IA 50309		Invitations & Postage	\$ 25.00	

SUB-TOTAL \$

25.00

TOTAL (If last
page of this
schedule)

\$

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Page 1 of 1
(for Schedule E)